

| POSITION                  | INITIALS  | ID NO.       | DATE            |
|---------------------------|-----------|--------------|-----------------|
| FEE DETERMINATION         | <i>NU</i> | <i>ASSIP</i> | <i>7/14</i>     |
| OLP.E. CLASSIFIER         | <i>SW</i> | <i>32</i>    | <i>7/20</i>     |
| FORMALITY REVIEW          | <i>SW</i> | <i>6868P</i> | <i>9/3/2000</i> |
| RESPONSE FORMALITY REVIEW |           |              |                 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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